

<i>SERFF Tracking Number:</i>	<i>WSST-126717260</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Western-Southern Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>46229</i>
<i>Company Tracking Number:</i>	<i>1010-3030 WSA</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.311 Current Assumption - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>WSLAC/Legacy Forward/1010-3030 WSA/NDL</i>		
<i>Project Name/Number:</i>	<i>WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA</i>		

Filing at a Glance

Company: Western-Southern Life Assurance Company

Product Name: WSLAC/Legacy Forward/1010- SERFF Tr Num: WSST-126717260 State: Arkansas
3030 WSA/NDL

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 46229
Closed

Sub-TOI: L07I.311 Current Assumption - Single Co Tr Num: 1010-3030 WSA State Status: Approved-Closed
Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 07/21/2010
Authors: Megan Thomas, Nikki Lape, Ramona Piercefield
Date Submitted: 07/16/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: WSLAC/Legacy Forward/1010-3030 WSA/NDL
Project Number: 1010-3030 WSA
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Our domiciliary approval will be achieved through an IIPRC filing, which has been filed concurrently with this filing.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/21/2010

Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 07/21/2010
Created By: Nikki Lape
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Nikki Lape
Filing Description:
Re: 1010-3030 WSA AR Single Premium Interest Sensitive Whole Life Policy
1010-2622 WSA Accelerated Death Benefit Rider

SERFF Tracking Number: W SST-126717260 State: Arkansas
Filing Company: Western-Southern Life Assurance Company State Tracking Number: 46229
Company Tracking Number: 1010-3030 WSA
TOI: L071 Individual Life - Whole Sub-TOI: L071.311 Current Assumption - Single Premium -
Single Life

Product Name: WSLAC/Legacy Forward/1010-3030 WSA/NDL
Project Name/Number: WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA

1010-305 WSA Return of Premium Rider

1088-IFS-SPWL-1010 Notification of Acceptance and Temporary Insurance Agreement

DO-11-SPWL-1010 Application for Individual Single Premium Life Insurance

Dear Reviewer:

We respectfully submit for your review and approval the referenced forms. These forms are new and are not intended to replace any existing forms.

Description of Policy

Policy 1010-3030 WSA AR is a Single Premium Interest Sensitive Whole Life Policy with Guaranteed Cash Values equal to the Standard Nonforfeiture Law minimum cash values. It is intended to be marketed on an individual (sex-distinct) basis by licensed insurance agents, with an illustration, through financial institutions. This product is not sold in tandem with other individual policies the company offers through captive field agents. The key target market includes individuals interested in permanent life insurance protection for estate planning. Issue ages are 18-80.

Description of Accelerated Death Benefit Rider:

Rider 1010-2622 WSA allows the owner to elect to receive an advance on the Death Benefit under the policy when the Insured has been diagnosed as having a Terminal Illness. Advances made under this rider will be secured by a lien on the Death Benefit payable under the policy. The lien will continue against the policy until it is repaid or the policy ends. There is no fee for this rider. The rider will be available on the policy form being filed for approval as well as products we may develop in the future.

Description of Return of Premium Rider:

Rider 1010-305 WSA provides that if the policy owner fully surrenders the policy, he/she will receive at least a return of the single premium paid for the policy. When partial surrenders are taken, the sum of all partial surrenders, including the final full surrender, will be no less than the single premium paid for the policy. This rider will terminate in the event any loan is taken against the policy. There is no fee for this rider. The rider will be available on the policy form being filed for approval as well as products we may develop in the future.

Description of Notification of Acceptance and Temporary Insurance Agreement:

Form 1088-IFS-SPWL-1010 provides the Proposed Insured notification of the Company's acceptance for coverage and temporary insurance until the policy is delivered. It provides coverage under the same provisions, benefits and limitations and amount as stated in the policy. Coverage is subject to the payment of the single premium to the Company at or prior to delivery of the policy. Coverage under this Agreement ends on the earlier of delivery of the policy or 30 days from the date of the application.

SERFF Tracking Number: W SST-126717260 State: Arkansas
Filing Company: Western-Southern Life Assurance Company State Tracking Number: 46229
Company Tracking Number: 1010-3030 WSA
TOI: L071 Individual Life - Whole Sub-TOI: L071.311 Current Assumption - Single Premium -
Single Life
Product Name: WSLAC/Legacy Forward/1010-3030 WSA/NDL
Project Name/Number: WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA

Description of Application:

Application DO-11-SPWL-1010 is the application that will be used to apply for this policy as well as for policy reinstatement. The application is designed for simplified issue, and can be completed either in the traditional paper format or in electronic format (the application will NOT be transmitted electronically). If completed in the electronic format, answers to all questions on the application will be entered electronically by the representative/agent and then print to the paper application which will be signed (wet signature) by the applicant. Signed applications will then be faxed to the Home Office for approval.

Previously Approved Forms to be Used with Policy/Riders/Application:

The Company will utilize the following previously-approved State forms with the forms submitted for approval in this filing.

1058-9006, Amendment of Policy,09/23/1994
1642-9307, Amendment of Policy/Application, 06/29/1993
DO-1550-9307, Amendment of Application,07/07/1993

Flesch Certification:

A Flesch certification for the policy, riders and the application has been signed by a company officer and attached as Supporting Documentation.

Actuarial Memorandum:

An actuarial memorandum describing this product has been prepared, dated, and signed by a member of the American Academy of Actuaries. This document has been attached as Supporting Documentation.

Statement of Variability:

All variable items have been denoted by red font and brackets, and are subject to change as explained in the Statement of Variability. A Statements of Variability for each filed form has been included in this filing.

Format:

This form is submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, typographical errors, and formatting pages to conform to our printer requirements. No change in language will occur.

If you have any questions or need additional information, please feel free to contact us. We look forward to your review and approval.

Sincerely,

SERFF Tracking Number: WST-126717260 State: Arkansas
Filing Company: Western-Southern Life Assurance Company State Tracking Number: 46229
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Product Name: WSLAC/Legacy Forward/1010-3030 WSA/NDL
Project Name/Number: WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA

Nikki Lape, ALMI, ACS
Product and State Filing Analyst
1-800-446-0795 ext.1523 FAX: 513-357-4123
CompFiler@wslife.com

Company and Contact

Filing Contact Information

Nikki Lape, Product & State Filing Analyst Nikki.Lape@wslife.com
400 Broadway 800-446-0795 [Phone] 1523 [Ext]
Cincinnati, OH 45202 513-357-4123 [FAX]

Filing Company Information

Western-Southern Life Assurance Company CoCode: 92622 State of Domicile: Ohio
400 Broadway Group Code: 836 Company Type: Life
Cincinnati, OH 45202 Group Name: West-Southern State ID Number:
Group
(800) 446-0795 ext. [Phone] FEIN Number: 31-1000236

Filing Fees

Fee Required? Yes
Fee Amount: \$250.00
Retaliatory? No
Fee Explanation: \$50.00 per form x 5 forms = \$250.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western-Southern Life Assurance Company	\$250.00	07/16/2010	38096650

SERFF Tracking Number:	WSST-126717260	State:	Arkansas
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Project Name/Number:	WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/21/2010	07/21/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	07/20/2010	07/20/2010	Nikki Lape	07/21/2010	07/21/2010

<i>SERFF Tracking Number:</i>	<i>WSST-126717260</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 07/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: W SST-126717260 State: Arkansas

Filing Company: Western-Southern Life Assurance Company State Tracking Number: 46229

Company Tracking Number: 1010-3030 WSA

TOI: L071 Individual Life - Whole Sub-TOI: L071.311 Current Assumption - Single Premium - Single Life

Product Name: WSLAC/Legacy Forward/1010-3030 WSA/NDL

Project Name/Number: WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability		Yes
Supporting Document	Application - John Doe'd & Scripted for SOV		Yes
Supporting Document	Accelerated Death Benefit Disclosure & Notice		Yes
Form	Single Premium Interest Sensitive Whole Life Policy		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Return of Premium Rider		Yes
Form	Notification of Acceptance and Temporary Insurance Agreement		Yes
Form	Application for Individual Single Premium Life Insurance		Yes

SERFF Tracking Number: *WSST-126717260* *State:* *Arkansas*
Filing Company: *Western-Southern Life Assurance Company* *State Tracking Number:* *46229*
Company Tracking Number: *1010-3030 WSA*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.311 Current Assumption - Single Premium -
Single Life*
Product Name: *WSLAC/Legacy Forward/1010-3030 WSA/NDL*
Project Name/Number: *WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/20/2010
Submitted Date 07/20/2010
Respond By Date 08/20/2010

Dear Nikki Lape,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Project Name/Number: WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/21/2010
Submitted Date 07/21/2010

Dear Linda Bird,

Comments:

Thank you for your letter dated 07/20/2010.

Response 1

Comments: Accelerated Death Benefit Disclosure 1144-IFS-SPWL-1010 and Accelerated Death Benefit Payment Notice 1434-WSA-NET-LOAN-1007 have been attached as Supporting Documentation. These forms support the rider and schedule page and are subject to revision in the future if the rider and schedule page are updated within the realm of the submitted Statement of Variability. The Disclosure form will be provided at the time of application. The Payment Notice will be provided to the owner concurrent with the election and will be mailed with the payment.

Related Objection 1

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Accelerated Death Benefit Disclosure & Notice

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We look forward to your continued review and approval.

Sincerely,

Megan Thomas, Nikki Lape, Ramona Piercefield

SERFF Tracking Number: W SST-126717260 State: Arkansas

Filing Company: Western-Southern Life Assurance Company State Tracking Number: 46229

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TOI: L071 Individual Life - Whole Sub-TOI: L071.311 Current Assumption - Single Premium - Single Life

Product Name: WSLAC/Legacy Forward/1010-3030 WSA/NDL

Project Name/Number: WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA

Form Schedule

Lead Form Number: 1010-3030 WSA AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1010-3030 WSA AR	Policy/Cont	Single Premium ract/Fratern Interest Sensitive al Whole Life Policy Certificate	Initial		50.000	1010-3030 WSA AR.pdf
	1010-2622 WSA	Policy/Cont	Accelerated Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	1010-2622 WSA.pdf
	1010-305 WSA	Policy/Cont	Return of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.000	1010-305 WSA.pdf
	1088-IFS-SPWL-1010	Other	Notification of Acceptance and Temporary Insurance Agreement	Initial		57.000	1088-IFS-SPWL-1010.pdf
	DO-11-SPWL-1010	Application/ Enrollment Form	Application for Individual Single Premium Life Insurance	Initial		50.000	DO-11-SPWL-1010-bracketed.pdf



Western & Southern Life

A member of Western & Southern Financial Group

WESTERN-SOUTHERN LIFE ASSURANCE COMPANY

LIFE INSURANCE POLICY

We will pay the Death Benefit to the Beneficiary when we receive at our Home Office proof of the Insured's death.

The benefits, rights and terms of the policy appear on this and the following pages. They are provided in exchange for the application and payment of the Single Premium Amount.

Right To Return Policy. Please read the policy. If you are not satisfied, return it to us or to one of our agents within 30 days after you receive it. If you do, all insurance will be void as of the date of the application. We will refund the Single Premium Amount paid.

This policy is a legal contract between the Owner and The Company.

The policy may not qualify as life insurance under federal tax law after the Insured reaches the terminal age of the valuation table (age 120) and may be subject to adverse tax consequences. A tax advisor should be consulted before the Owner chooses to continue the policy after the Insured reaches age 120.

Benefits, values, periods of coverage are on an indeterminate basis. The Initial Effective Annual Interest Rate is guaranteed only for a limited period of time.

SPECIMEN
Secretary

SPECIMEN
President and
Chief Executive Officer

READ YOUR POLICY CAREFULLY

Issued by a Stock Company

HOME OFFICE: [400 BROADWAY, CINCINNATI, OHIO 45202-3341]

[www.WesternSouthernLife.com]
Customer Service — 1-800-926-1993]

Single Premium Interest Sensitive Whole Life Policy
Issued on Insured in Risk Class Shown on Specifications Page
Death Benefit Payable at Death of Insured
Surrender May Result in Penalty
Nonparticipating

Table of Contents

Definitions.....	3	Death Benefit.....	9
Ownership.....	3	Face Amount.....	9
Owner and Successor Owner	3	Death Benefit.....	9
Change of Ownership.....	4	Suicide Exclusion	9
Beneficiary	4	Income Options.....	9
Naming and Changing Beneficiaries	4	Available Options	9
Priority of Beneficiaries.....	4	Choice of Option.....	10
Death of Beneficiary	4	Income Option Terms.....	10
Premium Payment & Expense Charge.....	4	Payment of Proceeds	10
Payment of Premium	4	Policy Proceeds.....	10
Premium Expense Charge	4	Loan or Surrender Deferment	10
Policy Costs & Charges.....	5	General Provisions	11
Surrender Charge	5	Entire Contract	11
Confinement Waiver	5	In Force	11
Policy Values	6	Modification of Contract	11
Accumulation Value.....	6	Statements in Application.....	11
Interest Rate	7	Incontestability.....	11
Guaranteed Cash Value.....	7	Incorrect Age or Sex	11
Current Cash Value	7	Proof of Facts	12
Net Cash Value	7	Maturity Date and Extension	12
Cash Surrender	7	Creditor Claims.....	12
Partial Surrender	8	Required Note on Our Computations.....	12
Policy Loans	8	Assignment.....	12
Right to Borrow and Loan Value	8	Annual Report	13
Interest.....	8	Projection of Benefits and Values	13
Repayment	8	Nonparticipating	13
Policy Lapse and Notice.....	8		
Reinstatement	8		

Specifications Page

Owner: [John Doe] **Policy Date:** [01-02-2010]
Insured: [John Doe] **Policy Number:** [W12345678]
Insured's Age: [35] **Sex:** [MALE]

Face Amount: [\$50,000]
Single Premium Amount: [\$11,248.00]

Risk Class: [Standard Non-Tobacco User]
Premium Expense Charge: [7.5%]
Maximum Monthly Per Policy Charge: [\$10.00]
Maximum Annual Per \$1,000 Charge: [\$102.00]
Guaranteed Minimum Interest Rate: [3.00%]
Maximum Loan Interest Rate: [8.00%]
Initial Effective Annual Interest Rate: [4.25%]
Initial Guarantee Period: [01-02-2010 through 01-01-2011]
Minimum Partial Surrender Amount: [\$500.00]
Minimum Net Cash Value After Partial Surrender: [\$10,000]
Maturity Age: [Age 100]
Maximum Illustration Fee: [\$75.00] per illustration

Basis of Values Mortality Table: [Commissioner's 2001 Standard Ordinary Ultimate Mortality Tables, Age Last Birthday]
Basis of Values Interest Rate: [5.00%]
Surrender Charge:

Policy Year	[1-3]	4	5	6	7	Thereafter]
Surrender Charge	[8%]	7%	6%	4%	2%	0%]

STATE INSURANCE DEPARTMENT CONTACT

If you have a complaint or inquiry regarding this policy, please contact the Department of Insurance at [PHONE_NO].

Specifications Page (continued)

Accelerated Death Benefit Rider

Maximum Advance Age: [120]

Maximum Advance Amount: [The Maximum Advance Amount under this rider is equal to the policy's Net Cash Value plus the lesser of (i) \$250,000 or (ii) 60% of the Net Amount at Risk as defined in the policy.]

Minimum Advance Amount: [\$1,000]

Maximum Administrative Charge: [\$75.00]

Lien Interest Rate: For the portion of the outstanding lien that is less than or equal to the Net Cash Value of the policy, the Lien Interest Rate will be the lesser of:

- (a) the Loan Interest Rate then in effect under the policy; or
- (b) [8% (7.4% in advance)].

The Lien Interest Rate on the amount of the outstanding lien in excess of the Net Cash Value will be the rate in (b) above.

Specifications Page (continued)

Maximum Cost of Insurance Rates Per \$1,000 of Net Amount at Risk

Policy Year Starting	Attained Age*	Maximum Monthly Rate	Policy Year Starting	Attained Age*	Maximum Monthly Rate
01-02-10	35	0.09334	01-02-43	68	1.76227
01-02-11	36	0.09751	01-02-44	69	1.92286
01-02-12	37	0.10334	01-02-45	70	2.11028
01-02-13	38	0.11085	01-02-46	71	2.33795
01-02-14	39	0.11751	01-02-47	72	2.60426
01-02-15	40	0.12668	01-02-48	73	2.88497
01-02-16	41	0.13752	01-02-49	74	3.18679
01-02-17	42	0.15086	01-02-50	75	3.51565
01-02-18	43	0.16669	01-02-51	76	3.88672
01-02-19	44	0.18420	01-02-52	77	4.31857
01-02-20	45	0.20337	01-02-53	78	4.82063
01-02-21	46	0.22255	01-02-54	79	5.38383
01-02-22	47	0.23839	01-02-55	80	6.01260
01-02-23	48	0.25090	01-02-56	81	6.69705
01-02-24	49	0.26674	01-02-57	82	7.42303
01-02-25	50	0.28758	01-02-58	83	8.21697
01-02-26	51	0.31427	01-02-59	84	9.10125
01-02-27	52	0.34679	01-02-60	85	10.08656
01-02-28	53	0.38431	01-02-61	86	11.17262
01-02-29	54	0.43185	01-02-62	87	12.34897
01-02-30	55	0.48524	01-02-63	88	13.60255
01-02-31	56	0.54029	01-02-64	89	14.92103
01-02-32	57	0.59369	01-02-65	90	16.23779
01-02-33	58	0.64709	01-02-66	91	17.53725
01-02-34	59	0.70967	01-02-67	92	18.90234
01-02-35	60	0.78562	01-02-68	93	20.34569
01-02-36	61	0.87827	01-02-69	94	21.87059
01-02-37	62	0.98597	01-02-70	95	23.38520
01-02-38	63	1.10372	01-02-71	96	24.86843
01-02-39	64	1.22650	01-02-72	97	26.45342
01-02-40	65	1.35433	01-02-73	98	28.14901
01-02-41	66	1.48387	01-02-74	99	29.96423
01-02-42	67	1.61928	01-02-75	100 & Up	0.00000]

*Attained age is the Insured's age on the last policy anniversary.

This table shows the Guaranteed Maximum Cost of Insurance Rates for the policy without riders. These rates are individual mortality calculations based on the Commissioner's 2001 Standard Ordinary Ultimate Mortality Table, [Nonsmoker Male], Age Last Birthday, as specified by the Risk Class of the Insured shown on the Specifications Page.

Specifications Page (continued)

Table of Values

Policy Anniversary At Age	Guaranteed Cash Value
[36	\$11,248.00
37	11,248.00
38	11,248.00
39	11,248.00
40	11,248.00
41	11,248.00
42	11,248.00
43	11,248.00
44	11,248.00
45	11,289.50
46	11,758.00
47	12,241.50
48	12,743.50
49	13,266.50
50	13,810.00
51	14,373.00
52	14,955.00
53	15,554.50
54	16,170.50
55	16,800.50
60	20,176.50
65	23,873.50]

These values [reflect the Return of Premium Rider and] are based on the Minimum Guaranteed Interest Rate and Maximum Cost of Insurance Rates. The values assume that the Face Amount and Single Premium Amount paid are as shown on the Specifications Page, and that there have been no loans or partial surrenders. The values are before deduction of the Monthly Charges on the policy anniversary.

Specifications Page (continued)

Net Single Premium Factors

Policy Year Starting	Attained Age*	Net Single Premium Factor	Policy Year Starting	Attained Age*	Net Single Premium Factor
01-02-10	35	0.20809	01-02-43	68	0.58878
01-02-11	36	0.21551	01-02-44	69	0.60354
01-02-12	37	0.22320	01-02-45	70	0.61844
01-02-13	38	0.23115	01-02-46	71	0.63341
01-02-14	39	0.23936	01-02-47	72	0.64835
01-02-15	40	0.24785	01-02-48	73	0.66316
01-02-16	41	0.25660	01-02-49	74	0.67788
01-02-17	42	0.26562	01-02-50	75	0.69252
01-02-18	43	0.27489	01-02-51	76	0.70707
01-02-19	44	0.28442	01-02-52	77	0.72149
01-02-20	45	0.29419	01-02-53	78	0.73569
01-02-21	46	0.30421	01-02-54	79	0.74955
01-02-22	47	0.31450	01-02-55	80	0.76303
01-02-23	48	0.32509	01-02-56	81	0.77607
01-02-24	49	0.33604	01-02-57	82	0.78865
01-02-25	50	0.34733	01-02-58	83	0.80083
01-02-26	51	0.35894	01-02-59	84	0.81259
01-02-27	52	0.37085	01-02-60	85	0.82388
01-02-28	53	0.38304	01-02-61	86	0.83464
01-02-29	54	0.39548	01-02-62	87	0.84482
01-02-30	55	0.40813	01-02-63	88	0.85439
01-02-31	56	0.42097	01-02-64	89	0.86336
01-02-32	57	0.43401	01-02-65	90	0.87176
01-02-33	58	0.44729	01-02-66	91	0.87977
01-02-34	59	0.46085	01-02-67	92	0.88761
01-02-35	60	0.47464	01-02-68	93	0.89540
01-02-36	61	0.48862	01-02-69	94	0.90333
01-02-37	62	0.50272	01-02-70	95	0.91168
01-02-38	63	0.51689	01-02-71	96	0.92105
01-02-39	64	0.53110	01-02-72	97	0.93244
01-02-40	65	0.54536	01-02-73	98	0.94729
01-02-41	66	0.55971	01-02-74	99	0.96821
01-02-42	67	0.57418	01-02-75	100 & Up	1.00000]

*Attained age is the Insured's age on the last policy anniversary.

Specifications Page (continued)

Income Options

Minimum Amount That May Be Applied To An Income Option: [\$2,500]

Minimum Payment Amount: [\$100]

Minimum Income Option Interest Rate: [1.00%]

Income Option Mortality Table: [Annuity 2000 Table, with Projection Scale G, adjusted for age last birthday]

Income Options:

Payments for Life – 10 Year Guarantee Period

Equal monthly payments shall be made for 10 years and thereafter during the life of a named person. The amount of each monthly payment depends on that person's sex and adjusted age on the date of first payment. Monthly payments will not be less than those shown in the table below.

Minimum Income Table								
Payments for Life – 10 Year Guaranteed Period								
Monthly Payments for each \$1,000 applied								
Adjusted Age Last Birthday	Male	Female	Adjusted Age Last Birthday	Male	Female	Adjusted Age Last Birthday	Male	Female
55	[3.15	2.87	65	[4.23	3.82	75	[5.91	5.47
56	3.23	2.94	66	4.38	3.95	76	6.11	5.67
57	3.32	3.02	67	4.52	4.08	77	6.30	5.89
58	3.41	3.10	68	4.68	4.22	78	6.49	6.11
59	3.51	3.19	69	4.84	4.38	79	6.68	6.33
60	3.62	3.28	70	5.01	4.54	80	6.87	6.54
61	3.73	3.37	71	5.18	4.71	81	7.06	6.76
62	3.85	3.47	72	5.36	4.88	82	7.24	6.97
63	3.97	3.58	73	5.54	5.07	83	7.41	7.18
64	4.10	3.70]	74	5.72	5.26]	84	7.57	7.37
						85 and over	7.72	7.55]

[**Adjustment to Age:** To determine the adjusted age, we subtract the Age Setback shown below from the actual age. For example, for a 67-year-old person in 2028, we use the age 64 factor per \$1,000 from the Minimum Income Table.

Year Life Income Payment Plan Begins	Age Setback
[2012 – 2017	1 year
2018 – 2023	2 years
2024 – 2029	3 years
2030 – 2035	4 years
2036 – 2041	5 years
2042 – 2047	6 years
2048 and later	7 years]

Definitions

Some of the terms used in this policy are defined here. Others are defined throughout the policy.

"The Company," "we," "our" and "us" refer to Western-Southern Life Assurance Company.

"Indebtedness" is the amount of any outstanding policy loans plus any accrued and unpaid interest. A policy "lapses" when Indebtedness exceeds the Current Cash Value.

"Guarantee Period" is the period of time during which an amount is to be credited with a Guaranteed Interest Rate. A Guaranteed Period may be an Initial Guarantee Period or a Renewal Guarantee Period. An Initial Guarantee Period is the first Guarantee Period after the Policy Date in which The Company guarantees that the interest rate credited under the policy will not be less than the Initial Effective Annual Interest Rate shown on the Specifications Page. The Initial Guarantee Period is shown on the Specifications Page. A Renewal Guarantee Period of 12 months will begin following the expiration of the Initial Guarantee Period, and each year thereafter, with a rate declared by The Company, which will not be less than the Minimum Guaranteed Interest Rate shown on the Specifications Page.

"Guaranteed Interest Rate" is the effective annual interest rate established by us for an Initial or a Renewal Guarantee Period. This rate may change from time to time. The Guaranteed Interest Rate shall apply for the entire Guarantee Period.

"Guaranteed Minimum Interest Rate" is the lowest Guaranteed Interest Rate we can legally declare for a Guarantee Period at any time while the policy is in effect. The Guaranteed Minimum Interest Rate is shown on the Specifications Page and is guaranteed for the life of the policy.

"Monthly Date" is the Policy Date shown on the Specifications Page and the same calendar day in each succeeding calendar month. Policy months, years, and anniversaries are measured from the Policy Date. A policy month begins on each Monthly Date.

"Monthly Charge" is an amount deducted each Monthly Date from the Accumulation Value of the policy, as defined in Policy Values below. The Monthly Charge consists of the Cost of Insurance Charge, the Per Policy Charge and the Per \$1,000 Charge, all as defined in **Policy Costs and Charges** section below. The Monthly Charge also includes the monthly charges for any riders attached to this policy.

"Net Amount at Risk" is equal to the difference of (a) minus (b) where "(a)" is the Death Benefit on the Monthly Date plus any Indebtedness, all divided by the interest factor, 1.0024663; and "(b)" is the Accumulation Value on the Monthly Date.

"You" and "your" refer to the Owner.

Ownership

Owner and Successor Owner

You are the Owner of the policy. As Owner, you have control of the policy while the Insured is living, subject to any assignment and to the rights of any irrevocable Beneficiaries. You may change ownership, change Beneficiaries, assign the policy, enjoy all policy benefits, and exercise all other policy rights and options.

If you are not the Insured, you may name a Successor Owner. The Successor Owner will become the Owner if you die before the Insured. If there is no Successor Owner, your estate will become the Owner.

Change of Ownership

You may change the Owner or name a Successor Owner by written request satisfactory to us. The request for change will take effect on the date it is signed. A request will not apply to any payment or other action we take until we receive and approve it at our Home Office.

Beneficiary

Naming and Changing Beneficiaries

The Beneficiary is the person to whom we pay the Death Benefit upon the death of the Insured. Unless you change them later, the primary and contingent Beneficiaries are the persons named in the application. Subject to the rights of any irrevocable Beneficiary, you may name a Beneficiary and change any named Beneficiary while the Insured is living by written request satisfactory to us. An irrevocable Beneficiary cannot be changed without his or her consent. The request for change will take effect on the date it is signed. A request will not apply to any payment or other action we take until we receive and record it at our Home Office. Unless an individual has been designated as irrevocable Beneficiary prior to assignment, the interest of any Beneficiary is subject to the rights of any assignees on our records.

Priority of Beneficiaries

You may designate Beneficiaries as primary or contingent to indicate the order in which they will receive the Death Benefit. If you name two or more Beneficiaries of the same class, they will share equally unless you state how they are to share.

The Death Benefit will be paid to the primary Beneficiaries who are living when payment is due. If no primary Beneficiary is living, payment will be made to the contingent Beneficiaries who are living when payment is due.

Death of Beneficiary

If no Beneficiary is living at the Insured's death, we will pay the Death Benefit to you or your estate. Any Beneficiary who dies within 10 days after the Insured's death will not be entitled to any benefits payable on such death unless that Beneficiary is living when we receive proof of the Insured's death at our Home Office. Unless you have instructed us otherwise, if the Beneficiary and the Insured both die and we cannot tell who died first, we will pay the Death Benefit as if the Beneficiary had predeceased the Insured.

***Premium
Payment &
Expense
Charge***

Payment of Premium

This is a single premium policy. The initial premium you paid in advance of the policy becoming effective is shown as the Single Premium Amount on the Specifications Page. No additional premiums may be paid. We may refund the excess of any premium payment made over the maximum amount that could be paid without disqualifying the policy as life insurance under Section 7702 of the Internal Revenue Code, unless such amount is necessary to keep the policy in force.

Premium Expense Charge

We will deduct a Premium Expense Charge from your premium payment before it is credited to the policy. The Premium Expense Charge rate is shown on the Specifications Page.

Policy Costs & Charges

Monthly Charges

We deduct certain Monthly Charges from the Accumulation Value on each Monthly Date to partially cover our expenses of distributing, issuing, and administering the policy, and to cover the cost of providing the life insurance benefits to you. These charges are 1) the Cost of Insurance Charge; 2) the Per Policy Charge; 3) the Per \$1,000 Charge; and 4) Monthly Charges for any riders.

Cost of Insurance Charge

We will deduct a Cost of Insurance Charge from the Accumulation Value on each Monthly Date. The Maximum Cost of Insurance Charge for each policy year is shown on the Specifications Page.

Cost of Insurance Charges vary by the Insured's attained age, sex and Risk Class and are based on the Basis of Values Mortality Table shown on the Specifications Page. Age last birthday is used. At our option, we may charge current rates less than the maximums shown. We will determine the current rates from time to time.

Per Policy Charge

We will deduct a Per Policy Charge from the Accumulation Value on each Monthly Date. The Maximum Per Policy Charge is shown on the Specifications Page. At our option, we may charge less than the maximum amount shown.

Per \$1,000 Charge

We will deduct a Per \$1,000 Charge from the Accumulation Value on each Monthly Date to partially cover our expenses of distributing, issuing and administering the policy. The Maximum Annual Per \$1,000 Charge is shown on the Specifications Page. The monthly Per \$1,000 Charge deduction will not exceed the Maximum Annual Per \$1,000 Charge divided by 12. At our option, we may charge less than the maximum rates shown.

The Per \$1,000 Charge will be reduced if a partial surrender is taken. The reduction will be in proportion to the decrease in Face Amount to the original Face Amount before the partial surrender.

Surrender Charge

A Surrender Charge will apply if you surrender the policy or take a partial surrender. To determine the Surrender Charge you must first determine the "basis," which is equal to the Single Premium Amount minus the sum of all previous Partial Surrender Amounts, if any. If you surrender the policy, the Surrender Charge equals the Surrender Charge percentage shown on the Specifications Page multiplied by the "basis." If you take a partial surrender, the Surrender Charge equals the Surrender Charge percentage shown on the Specifications Page multiplied by the lesser of the Partial Surrender Amount and the "basis." There is no Surrender Charge if the sum of all previous Partial Surrender Amounts exceeds the Single Premium Amount paid.

Confinement Waiver

We will waive the Surrender Charge if the Insured is Confined to a Long Term Care Facility or Hospital and has been so Confined for at least 30 days. This waiver is not available if the confinement commences on or before the Policy Date. "Confined" means necessarily Confined as an Inpatient due to Injury or Sickness and upon the recommendation of a licensed physician. The physician may not be the Insured or the spouse, child, parent, brother or sister of the Insured.

“Injury” means accidental bodily injury that is sustained after the Policy Date. “Sickness” means sickness or disease that first manifests itself after the Policy Date. “Inpatient” means a person who is Confined in a Hospital or Long Term Care Facility as a resident patient and for whom a charge of at least one day of room and board is made by the Hospital or Long Term Care Facility.

“Long Term Care Facility” means a state licensed Skilled Nursing Facility or Intermediate Care Facility. Long Term Care Facility does not mean: a hospital; a place that primarily treats drug or alcohol addiction; a home for the aged or mentally ill, a community living center, or a place that primarily provides domiciliary, residency or retirement care; or a place owned or operated by a member of the Insured’s immediate family.

“Skilled Nursing Facility” means a facility which: is operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located; provides skilled nursing care under the supervision of a physician; provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and maintains a daily medical record of each patient.

“Intermediate Care Facility” means a facility which: is operated as an Intermediate Care Facility according to the law of the jurisdiction in which it is located; provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.) or a licensed practical nurse (L.P.N.); and maintains a daily medical record of each patient.

Policy Values

Accumulation Value

The Accumulation Value on the Policy Date equals the Single Premium Amount received less the Premium Expense Charge and less the Monthly Charges for the first month.

The Accumulation Value on any Monthly Date after the Policy Date is equal to the sum of: (1) the Accumulation Value on the preceding Monthly Date, less the Partial Surrender Amounts for any partial surrenders made since that date; plus (2) one month’s interest on the amount described in (1), at no less than the Guaranteed Minimum Interest Rate; plus (3) interest on any such Partial Surrender Amounts from the preceding Monthly Date to the dates of withdrawal; less (4) the Monthly Charges for the current month.

The Accumulation Value at any time during a policy month and not on a Monthly Date is equal to the Accumulation Value on the last Monthly Date, less the Partial Surrender Amounts for any partial surrenders made since that date.

Guaranteed interest and interest credited in excess of guaranteed interest to the Accumulation Value are nonforfeitable after crediting, except for any charges made upon surrender.

Interest Rate

Interest will be credited to the Accumulation Value at the Initial Effective Annual Interest Rate shown on the Specifications Page for the Initial Guarantee Period. On each policy anniversary following the end of the Initial Guarantee Period, the Company will declare a new Guaranteed Interest Rate for a Renewal Guarantee Period which rate will be guaranteed for the following contract year. Interest will be credited at the new effective annual interest rate for the Renewal Guarantee Period. The effective annual interest rate will not be less than the Minimum Guaranteed Interest Rate shown on the Specifications Page. Interest on the Accumulation Value to the extent of any Indebtedness will be at the Minimum Guaranteed Interest Rate until the policy anniversary on which the Insured is age 100. Thereafter, interest on the Accumulation Value, to the extent of any Indebtedness, will be at the Loan Interest Rate in effect at that time.

Guaranteed Cash Value

The Guaranteed Cash Value on any day is equal to the Face Amount on that date multiplied by a cash value factor that produces the minimum allowable cash value under the Standard Nonforfeiture Law of the state where the policy is delivered. The cash value factors we use are described in ***Required Note on Our Computations***.

Current Cash Value

The Current Cash Value is the greater of (a) the Accumulation Value less the Surrender Charge, and (b) the Guaranteed Cash Value.

The Table of Values on the Specifications Page shows the Minimum Current Cash Value on certain policy anniversaries.

Net Cash Value

The Net Cash Value is the Current Cash Value less any Indebtedness.

Cash Surrender

You may surrender the policy to us at any time while it is in force. If you do, we will pay the Net Cash Value. If you surrender within 30 days following a policy anniversary, the value available shall not be less than the anniversary value. The policy will end without notice if you surrender it, and it may not be reinstated. See ***In Force***. The Surrender Charge applied to surrenders and partial surrenders is shown on the Specifications Page and is further explained in the ***Surrender Charge*** provision.

If the Accumulation Value less the Surrender Charge is greater than the Guaranteed Cash Value, we will pay the proportionate Monthly Charge for the balance of the policy month in which the surrender occurs. If the surrender occurs on a day other than a Monthly Date, we will also credit interest at the rate in effect on the last Monthly Date (1) through the date of surrender on the Accumulation Value on the last Monthly Date, less the Partial Surrender Amounts for any partial surrenders made since that date; and (2) through the date of withdrawal on any such Partial Surrender Amounts.

Policy Loans

Partial Surrender

You may withdraw part of the Net Cash Value at any time while the policy is in force. The amount you withdraw must be at least equal to the Minimum Partial Surrender Amount on the Specifications Page. A partial surrender may not reduce the Net Cash Value after the partial surrender to less than the Minimum Net Cash Value After Partial Surrender shown on the Specifications Page.

A partial surrender will reduce the Accumulation Value by the Partial Surrender Amount. The "Partial Surrender Amount" is the amount withdrawn plus any applicable Surrender Charge.

A partial surrender will also result in a decrease in the Face Amount. The Face Amount and the Per \$1,000 Charge will be decreased proportionally by an amount equal to the Partial Surrender Amount multiplied by the ratio of the Face Amount to the greater of the Accumulation Value and the Guaranteed Cash Value before the partial surrender. A decrease in the Face Amount will result in a decrease in the Guaranteed Cash Value. See ***Guaranteed Cash Value***.

Right to Borrow and Loan Value

You may borrow up to the available Loan Value of your policy. The Loan Value is the Current Cash Value determined as of the date of the loan, less:

- (1) the Monthly Charge for the current month;
- (2) any existing loan and accrued interest; and
- (3) loan interest from the date of the loan to the next policy anniversary.

The cash value of the policy will be the sole security for the loan. We reserve the right to defer the payment of the loan for six months after the request for the loan is received, except for any loan made to pay premiums.

Interest

We charge interest in arrears on the loan. The Maximum Loan Interest Rate is shown on the Specifications Page. Interest accrues daily from the date of the loan. Interest is due on each policy anniversary and on the date the loan is repaid. Any interest not paid when due will be added to the loan and will bear interest at a rate not greater than the Maximum Loan Interest Rate shown on the Specifications Page.

Repayment

You may repay all or part of the loan and accrued interest at any time while the Insured is living and while this policy is in force.

Policy Lapse and Notice

The policy will lapse when the Indebtedness exceeds the Current Cash Value. Thirty-one days before lapse, we will mail a notice to your last known address and that of any assignee of record. You may keep the policy in force by paying the excess Indebtedness within this 31-day period. See ***In Force***.

If there are no outstanding policy loans, we guarantee the policy will not lapse.

Reinstatement

After the policy has lapsed, you may reinstate it – that is, put it back in force – within three years after the date of lapse. You cannot reinstate the policy if it has been surrendered. To reinstate the policy you must:

-
- (1) furnish evidence of insurability satisfactory to us; and
 - (2) repay or reinstate the policy loan with interest at the current loan interest rate, compounded annually. Interest at this rate will be due from the date of lapse to the date of reinstatement of the policy.

All charges and determinations of value as described in this policy will continue to be applied to the policy if reinstated. If the Accumulation Value and any Loan Value are reinstated, interest shall be credited to the Accumulation Value consistent with any interest charges on the loan during the period of lapse.

Death Benefit

Face Amount

The initial Face Amount is shown on the Specifications Page. If you take a partial surrender, the Face Amount will decrease as described in ***Partial Surrenders***. Any decrease in the Face Amount will take effect immediately following the partial surrender.

Death Benefit

While the policy is in force (see ***In Force***) the Death Benefit will be the greater of the following two amounts, less any Indebtedness:

- (1) the Face Amount on the date of death; and
- (2) the Accumulation Value on the date of death divided by the Net Single Premium Factor for the Insured's attained age, sex and Risk Class.

The "Net Single Premium Factors" that apply on policy anniversaries are shown on the Specifications Page. If the Insured dies between policy anniversaries, the factor on the preceding policy anniversary is increased proportionately to account for the period from the preceding policy anniversary to the end of the month in which the Insured dies.

Suicide Exclusion

We will not pay the Death Benefit if the Insured dies by suicide, while sane or insane, within two years from the Policy Date. If the policy is in force at that time, we will return the Single Premium Amount you paid less (1) any Indebtedness and (2) any Partial Surrender Amounts.

Income Options

Available Options

All or part of the Death Benefit or the amount payable on surrender of the policy may be applied to an income option shown on the Specifications Page. In addition to the income options described on the Specifications Page, other options may be available.

The income option(s) are described in terms of monthly payments. You may request quarterly, semi-annual or annual payments instead of monthly payments. We will quote the amount of the other payments upon request. For life contingent options, there is no value that may be commuted, withdrawn or transferred to another option after the date of the first payment.

An association, corporation, partnership or fiduciary may not be a payee without our approval.

Choice of Option

You may choose or change an income option while the Insured is living by written request satisfactory to us. An Income Option selected for a particular Beneficiary will end if you change that Beneficiary.

After the Insured dies, anyone who will receive the Death Benefit in one sum may choose an income option. We must receive the request within 60 days after payment is due. After electing an income option, all interests of the Beneficiary, other than in the income option, will end. Any amount remaining unpaid when that Beneficiary dies will be paid to his or her estate unless another has been named by the Beneficiary to receive payment.

Income Option Terms

The Minimum Amount That May Be Applied To An Income Option is shown on the Specifications Page. Each payment must be at least the Minimum Payment Amount shown on the Specifications Page. We may change the frequency of payments if payments would be less than the Minimum Payment Amount. Once income payments begin, no changes can be made to the option selected or the income payment amount.

We guarantee interest under the income option(s) at the Minimum Income Option Interest Rate shown on the Specifications Page. We may increase the interest rate above the minimum. Payments will be based on the interest rate in effect on the due date of the first payment. Benefits will not be less than those that would be provided by the application of the Net Cash Value to purchase a single premium immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

Life contingent payments will be based on the Income Option Mortality Table shown on the Specifications Page.

Payment of Proceeds

Policy Proceeds

The proceeds of this policy may be either Death Benefit proceeds payable to the Beneficiary upon the death of the Insured, or Net Cash Value proceeds, payable to you if you surrender the policy during the lifetime of the Insured. Proceeds may be paid in a lump sum or under one or more income options. See ***Income Options***.

Death Benefit proceeds will be due on the date of the Insured's death. We will make payment within 60 days following receipt of due proof and any other proof that we require in order to investigate the claim. The Beneficiary should contact us at the Home Office for instructions on how to file a claim.

Net Cash Value proceeds will be due on the date we receive your written request at our Home Office.

We will pay interest on the Death Benefit if we fail to make payment within a reasonable period of time, not to exceed 30 days, after we receive proof of death. The rate will be at an annual rate of 8%, payable from the date of death to the date of payment. If payment is to be made under an income option, "date of payment" will be the effective date of the option.

Loan or Surrender Deferment

We may defer the payment of any surrender, partial surrender or policy loan for not more than 6 months after we receive your request.

**General
Provisions****Entire Contract**

The policy consists of the basic policy and any attached riders, endorsements or amendments. The policy, the application and any supplemental applications are the entire contract. Copies of all applications are attached.

In Force

The policy will take effect when you have received it and paid the Single Premium Amount while the Insured is living and in good health.

The policy will terminate on the earliest of:

- (1) the Insured's death,
- (2) cash surrender of the policy, or
- (3) lapse of the policy due to policy loans.

The policy will be "in force" from the time it takes effect until it terminates.

Modification of Contract

Any change in the policy or waiver of its requirements must be in writing and signed by our Chairman, President or Secretary. No other person has the authority to change the policy or waive any of its terms.

Statements in Application

All statements made in the application and in any supplementary application are, in the absence of fraud, representations and not warranties.

Incontestability

We can contest the validity of the policy or any rider if there is a material misstatement in the application for the policy or any rider or a material misstatement in an application for reinstatement. No statement will be used in defense of a claim unless it is in an application or supplemental application and a copy of such application is attached to this policy.

Except for fraud in the procurement of the policy where permitted by law, we will not contest the validity of the policy after it has been in force during the Insured's lifetime for two years from the Policy Date.

With respect to statements in an application for reinstatement, the policy is incontestable, except for fraud in the procurement where permitted by law, after it has been in force during the Insured's lifetime for two years from the date of reinstatement. The contestable period is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

Incorrect Age or Sex

If the age or sex of the Insured shown on the Specifications Page is not correct, the amount of the Death Benefit will not be correct. In order to compute the correct Death Benefit, we will adjust the Face Amount by the ratio of the premium paid at issue to the premium that should have been paid for the correct age and sex. We will use the Net Single Premium Factor for the correct attained age and sex of the Insured as of the date of death.

Proof of Facts

We may ask anyone claiming ownership, beneficiary, payment or other rights in the policy for proof satisfactory to us of that person's age, sex or identity. Any payment we make relying on that proof discharges us from any obligation to make that payment to another person.

Maturity Date and Extension

The policy matures on the policy anniversary date on which the Insured reaches the age shown on the Specifications Page. You will be paid the Net Surrender Value unless the policy is extended. The policy may be extended beyond the maturity date.

If the Insured should live beyond the maturity date, cash values will accumulate at the declared Interest Rate with no adjustment for mortality or expenses. The cash value will exceed the Face Amount and will replace the Face Amount in the determination of the Death Benefit.

Partial surrenders, loans and loan repayments are available after the policy matures. Interest will continue to accrue on and be added to any outstanding loan balance.

Creditor Claims

All payments under the policy are exempt from legal process and the claims of creditors to the extent permitted by law. No payment will be transferred, assigned or withdrawn before it becomes payable unless we agree.

Required Note on Our Computations

On policy anniversaries, the cash value factors we use in computing Guaranteed Cash Values are equal to the present values of future benefits discounted at the Basis of Values Interest Rate and using mortality rates from the Basis of Values Mortality Table, both shown on the Specifications Page, adjusted for age last birthday, and continuous functions. Between policy anniversaries, allowance will be made for the period of time since the last anniversary, on a monthly pro rata basis.

Cash values and nonforfeiture benefits available under the policy are not less than the minimum values and benefits required by or pursuant to Section 6B of the NAIC Universal Life Insurance Regulation, model #585.

Experience factors upon which indeterminate charges are adjusted include investment earnings, mortality, persistency, taxes and expenses.

We have filed a detailed statement of the method we use to determine values with the state where the policy was delivered. All values are equal to or more than those required by the laws of that state.

Assignment

You may assign the policy as collateral for a loan. We are not bound by an assignment until our records show that we have received a copy. Your rights and those of any Beneficiary and any Successor Owner will be subject to the assignment. We are not responsible for the validity of the assignment.

Annual Report

At least once a year we will send you an Annual Report dated not more than four months prior to the date of mailing. There is no charge for this report. The report will show the beginning and end dates of the report and contain the following information:

- (1) the Accumulation Value, if any, at the beginning of the current report period and at the end of the current report period;
- (2) the amounts that have been credited or debited to the Accumulation Value during the current report period. These amounts include premium payments, interest credits, expense charges, cost of insurance charges, cost of riders, withdrawals and fees;
- (3) the current Death Benefit as of the end of the current report period;
- (4) the Current Cash Value, if any, at the end of the current report period;
- (5) the amount of outstanding loans, if any, at the end of the current report period.

Any other information required by applicable law will also be included in the Annual Report.

Projection of Benefits and Values

You may request other information about this policy, including a projected illustration of policy benefits and values, based upon assumptions as are necessary and specified by us and/or you. The first projected illustration each year is provided at no cost. After that, we may charge a fee not to exceed the Maximum Illustration Fee shown on the Specifications Page to provide subsequent illustrations. We may limit the number of illustrations we will provide in a policy year.

Nonparticipating

This policy does not participate in surplus earnings of The Company.

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Western-Southern Life Assurance Company
[400 Broadway
Cincinnati, Ohio 45202-3341]

[www.WesternSouthernLife.com
Customer Service — 1-800-926-1993]

Single Premium Interest Sensitive Whole Life Policy
Issued on Insured in Risk Class Shown on Specifications Page
Death Benefit Payable at Death of Insured
Surrender May Result in Penalty
Nonparticipating

Western-Southern Life Assurance Company

Accelerated Death Benefit Rider

Accelerated Death Benefit

You may elect to receive an advance on the Death Benefit under the policy when the Insured has been diagnosed as having a Terminal Illness.

The Minimum Advance Amount and Maximum Advance Age are shown on the Specifications Page. You may request more than one advance subject to the Maximum Advance Amount shown on the Specifications Page. Advances may be made as frequently as monthly but all advances must be within 12 months of the first advance. The advance will be paid in a lump sum to the Owner or to any other payee the Owner so designates.

Any advance paid under this rider will, at the Insured's death, reduce the Death Benefit of the policy unless the lien created by the advance is repaid. Subject to *Terms of Advance* below, in the event of an advance, the terms and conditions of the policy continue to be in effect, such as interest crediting, loan privileges, and policy costs and charges.

The accelerated death benefit under this rider is available to you on a voluntary basis only. Therefore:

- (1) if you are required by law to elect this benefit to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.
- (2) if you are required by a government agency to elect this benefit in order to apply for, obtain, or keep a government benefit or entitlement, you are not eligible for this benefit.

Tax Consequences

ACCELERATED BENEFIT PAYMENTS FROM THIS RIDER MAY QUALIFY FOR SPECIAL TAX STATUS, IF, ACCORDING TO FEDERAL DEFINITIONS, THE INSURED QUALIFIES AS TERMINALLY ILL. WE RECOMMEND THAT YOU CONTACT A TAX ADVISOR WHEN MAKING TAX-RELATED DECISIONS ABOUT ELECTING TO RECEIVE AND USE BENEFITS FROM AN ACCELERATED BENEFIT PRODUCT.

Conditions for Making Advance

The payment of any advance under this rider is conditioned upon and subject to our receipt of all of the following:

- (1) your written request for the advance;
- (2) the written consent of any irrevocable Beneficiary and any assignee;
- (3) your written designation of us as an assignee of policy proceeds equal to the amount of any outstanding loan under this rider;
- (4) medical evidence acceptable to us from a physician licensed in the United States certifying that the Insured has a Terminal Illness. The physician cannot be the Insured or a member of his/her immediate family. Such medical evidence must specify that
 - (a) the Insured has been diagnosed as having a Terminal Illness; and

-
- (b) such Terminal Illness was first diagnosed while the Insured was covered by the policy; and
 - (c) such Terminal Illness is expected to result in a death within one year of the date the medical evidence is provided.

We may require a second opinion and examination of the Insured at our expense by a physician designated by us.

We will provide a claim form to you within 15 days of your request for an advance. You will return that form to us to help establish proof of eligibility for this benefit. We also reserve the right to assess an administrative charge of not more than the Maximum Administrative Charge shown on the Specifications Page to process a claim under this rider.

Terms of Advance

The payment of any accelerated benefits will be made in one lump sum in an amount at least equal to the Minimum Advance Amount shown on the Specifications Page. Payment of the advance is due immediately after receipt of written proof of eligibility. We will make payment within 60 days following receipt of due proof and any other proof that we require to investigate the claim. The accelerated death benefit will be paid to the Owner or Owner's estate while the Insured is living, unless the benefit has been otherwise assigned or designated by the Owner. If the Insured dies after the Owner elects to receive an advance, but before any such benefits are received, the election shall be cancelled and the Death Benefit paid under the policy.

Advances made under this rider will be in the form of a special loan secured by a first lien on the Death Benefit payable under the policy. The lien will be applied only against the policy's Death Benefit, not against cash value. After payment of an advance, access to cash value will be restricted to the excess of Current Cash Value over the sum of the lien and any other outstanding policy loans. Upon the death of the Insured, the Death Benefit will be reduced by the amount of this special loan, including interest. We will administer this special loan separate and apart from any loan you make under the ***Policy Loans*** section of the policy.

The Lien Interest Rate is shown on the Specifications Page. Interest is due and payable in advance to the next policy anniversary. If interest is not paid when due, it will be added to the amount of this special loan.

Any special loan may be paid at any time before the Insured's death.

If the total of all advances plus accumulated interest exceeds the Death Benefit, such that the proceeds paid upon death would be zero, the policy will stay in force until the date of death with payment of a zero death benefit. No Monthly Charges will be assessed against the policy nor will any interest be added to the Accumulation Value.

The interest credited to your policy may be affected by special loan under this rider. We may apply a different rate of interest to a portion of your Accumulation Value that is equal to the total amount of the special loan, but the rate will not be less than the Guaranteed Minimum Interest Rate shown on the Specifications Page.

**Other
Provisions**

Prior to or concurrent with the election to accelerate the policy Death Benefits, you and any irrevocable Beneficiary will be given a statement demonstrating the effect of the acceleration of the payment of Death Benefits on the cash value, Death Benefit, Cost of Insurance Charges and policy loans (including policy liens).

Unless otherwise provided in your written election for an advance, the payee may not commute, anticipate, assign, alienate or otherwise encumber any payment under this rider. We may deny your request to make any changes to the policy while there is an outstanding loan, including the right to elect a nonforfeiture option, if any.

We will not contest this rider after it has been in effect during the Insured's lifetime for two years from its effective date or, if this rider lapses and is reinstated, two years from its reinstatement date. No statement will be used in contesting a request for an advance unless it is in an application or supplemental application to this rider or to the policy of which this rider is a part.

This rider is attached to and made a part of the policy. The terms, conditions and definitions of the basic policy apply to this rider except to the extent they are in conflict with its terms. The charge for this rider is shown on the Specifications Page.

Signed for Western-Southern Life Assurance Company at Cincinnati, Ohio.

[ SPECIMEN
Secretary

 SPECIMEN
President and
Chief Executive Officer]

Western-Southern Life Assurance Company

Return of Premium Rider

Introduction

This rider provides a limited return of premium benefit. The effective date of this rider is the Policy Date.

Return of Premium Benefit

If you surrender the policy for its cash value (see policy provision **Cash Surrender**) while this rider is in force, you will receive a "Premium Return Amount" equal in amount to:

- (1) the Single Premium Amount shown on the Specifications Page, less
- (2) the total of all partial surrender amount(s); plus
- (3) any partial surrender charges associated with any previous surrenders not waived under the policy's **Confinement Waiver** provision; less
- (4) the cash value of this contract as of the date of surrender (see policy provision **Net Cash Value**).

If the Premium Return Amount is less than zero, we consider it to be zero.

The total of the Current Cash Value, any partial surrender amounts, and the Premium Return Amount will never be less than the Single Premium Amount. If a partial surrender is requested that exceeds the Net Cash Value, a surrender of the policy will be processed.

We will pay the Premium Return Amount to the Owner, provided that on the date of surrender:

- (1) the Insured is alive;
- (2) the policy and this rider are in force, as defined in the policy.

Upon payment of the Premium Return Amount, your policy and this rider and all benefits under this rider will end.

Death Benefit

The Death Benefit provision of the policy is changed by replacing item (2) with the following:

- (2) the greater of (a) the Accumulation Value before deduction of any Monthly Charge due on the date of death, and (b) the Return of Premium Amount provided by this rider, divided by (c) the Net Single Premium Factor for the Insured's attained age, sex and Risk Class.

When This Rider Ends

This rider will terminate only upon the first to occur of the following events:

- (1) on the death of the Insured;
- (2) upon surrender of the policy for its cash value;
- (3) if you borrow any amount under the **Policy Loans** provision, or
- (4) upon termination of the policy for any reason other than the death of the Insured.

Reinstatement

Because the policy can lapse only in the event that Indebtedness exceeds Current Cash Value, and this rider ends if a policy loan is taken, this rider cannot be reinstated.

Basis Of Values For the purposes of calculating cash values, this rider is combined with the base policy. We use the Basis of Values Mortality Table and Basis of Values Interest Rate specified on the Specifications Page. The same rates are used to determine the Net Single Premium and cash value of any paid-up insurance benefits.

Incontestability We will not contest the validity of this rider after it has been in effect during the lifetime of the Insured for a period of two years from the Policy Date.

Policy Terms This rider is attached to and made a part of the policy. The terms and definitions of the base policy apply to this rider except to the extent they are in conflict with the terms of this rider. This rider is issued at a nonparticipating premium rate and shall not share in our surplus earnings.

Signed for Western-Southern Life Assurance Company at Cincinnati, Ohio

  
Secretary

  
President and
Chief Executive Officer



Western & Southern Life

A member of Western & Southern Financial Group

**NOTIFICATION OF ACCEPTANCE AND
TEMPORARY INSURANCE AGREEMENT**

Your application for a single premium whole life insurance policy with Western-Southern Life Assurance Company ("Company") is approved, subject to approval of the application by your banking institution.

This is your Temporary Insurance Agreement ("Agreement"). We will insure the proposed insured from the date of application, if he or she is in good health on that date, until the policy is delivered. Coverage will be under the same provisions, benefits, limitations and amount as stated in your policy.

Coverage is subject to payment of the single premium to the Company at the time of application in an amount not less than the single premium for the policy for which you applied.

No coverage will start under this Agreement if there is any fraud or misrepresentation in the answers on the application that is material to our acceptance of the risk, in which event, we will only pay a refund of the premium you have already paid for the insurance.

Coverage under this Agreement ends on the earlier of delivery of the policy or 30 days from the date of the application.

This Agreement is valid only if it is signed by our Chairman, President or Secretary. No other persons have the power to make or modify any contract of insurance or bind the Company in any way. No statement made to our agent, or anyone else, by any applicant or proposed insured, will bind us unless stated in the application. No statement made by our agent, or any knowledge of our agent or any other person, will bind us unless stated in the application.

All premium checks must be made payable to the insurance company. Do not make a check payable to the agent or leave the payee blank.

Received from _____ the sum of \$ _____ paid this date in connection with an application for life insurance on _____. This amount is accepted subject to the terms and conditions of the above Agreement. Payment is valid only if honored by your financial institution.

Signature of Agent

Date

SPECIMEN
James N. Clark

James N. Clark
Secretary

SPECIMEN
John F. Barrett

John F. Barrett
Chairman of the Board,
President and Chief Executive Officer



Western & Southern Life

A member of Western & Southern Financial Group

Application for Individual
Single Premium Life Insurance

Western-Southern Life Assurance Company

400 Broadway

Cincinnati, Ohio 45202

Application for: ☐ New Business (complete all sections; sign page 4)

☐ Reinstatement of Policy Number _____ (complete sections 1 and 6; sign page 4)

1. PROPOSED INSURED

Name (First, Middle, Last)		Sex	Date of Birth	Age
Address		Social Security Number		
City, State, ZIP		State/Country of Birth		
Height _____ Ft. _____ In.		Weight Change in Past Year?		
Weight _____ Lbs.		<input type="checkbox"/> None _____ Lbs. <input type="checkbox"/> Gain <input type="checkbox"/> Loss		

2. COVERAGE APPLIED FOR

Plan	Single Premium	Face Amount
Optional Riders <input type="checkbox"/> _____		

3. SOURCE OF FUNDS

Source of funds for the Single Premium at issue (Check all that apply):

☐ Cash ☐ Personal Check ☐ Money Order ☐ Cashier's Check ☐ Transfer/Exchange

4. LIFE INSURANCE IN FORCE, PENDING, OR REPLACEMENT

Replacement

1. Does the Proposed Insured have any existing individual life insurance or annuity contracts with any company? ☐ Yes ☐ No

2. Has there been, or will there be, a lapse, surrender, loan, or other change to any existing insurance or annuity as a result of, or in anticipation of, this application? (Complete any required replacement forms.) ☐ Yes ☐ No

5. BENEFICIARIES

Name	Relationship	SS#/TIN	Date of Birth/Trust
Class I (Primary)			
.....			
.....			
.....			
.....			
Class II (Contingent)			
.....			
.....			
.....			
.....			

6. INFORMATION ON PROPOSED INSURED. Please check "Yes" or "No" to the Following Questions.**Yes****No**

- A. Are you a US citizen or permanent US resident who holds a permanent visa? ☐ ☐
- B. Within the past 5 years, have you been treated, examined or advised by a member of the medical profession; or have you been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS Virus)? ☐ ☐
Give details for Yes answer:
- C. Within the past 10 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any of the following: heart or coronary artery disease or disorder, stroke, peripheral vascular disease, cancer, hepatitis C, diabetes which is treated with insulin, disorder of the brain or nervous system, Parkinson's disease, Alzheimer's disease, leukemia, lymphoma, cirrhosis, pancreas disease or disorder, emphysema, chronic lung or pulmonary disease (COLD or COPD), or any disorder or disease of the immune system except those related to the Human Immunodeficiency Virus (AIDS virus)? ☐ ☐
Give details for Yes answer:
- D. Within the past 5 years, have you been hospitalized for the following: chest pain, high blood pressure, asthma, depression, manic-depression, other mental or nervous system disorder, rheumatoid arthritis or other connective tissue disease, paralysis, seizure, anemia, blood disorder, diabetes or complications from diabetes, or kidney or liver disease or disorder (excluding kidney stones)? ☐ ☐
Give details for Yes answer:
- E. Have you ever tested positive for exposure to the HIV (Human Immunodeficiency Virus) or been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex)? ☐ ☐
- F. Have you ever used illegal drugs, consulted or been treated by a member of the medical profession, been hospitalized or taken medication for abuse of alcohol or drugs (including prescription drugs)? ☐ ☐
Give details for Yes answer:
- G. In the past twelve months, have you used any nicotine or tobacco products or any product that contains nicotine such as a patch or gum? ☐ ☐

7. OWNER (If Other Than Proposed Insured)

Name (First, Middle, Last)	Date of Birth/Trust
Address	Social Security Number/TIN
City, State, Zip	State/Country of Birth
Relationship to Proposed Insured	

8. Successor Owner (Optional – Becomes Owner upon the death of Owner named in section 7)

Name (First, Middle, Last)	Date of Birth/Trust
Address	Social Security Number/TIN
City, State, Zip	State/Country of Birth
Relationship to Proposed Insured	

9. Agreement and Acknowledgement

I agree that: **A.** These statements and answers and those in all supplements, amendments and medical examiner's reports will form the basis of any policy issued. **B.** No medical examiner, producer or other representative of the insurer has the power to make or modify any contract of insurance or bind the insurer in any way. **C.** No statement made by me or by the Insurer's agent or anyone else will bind the Insurer unless stated in this application. **D.** Except as provided in any Temporary Insurance Agreement, no insurance will take effect: (1) before this application is approved; and (2) before a policy is delivered and the single premium paid while each person to be insured is alive and then only if the health and other conditions affecting insurability remain as described in this application. **E.** I have read and understand the Accelerated Death Benefit Disclosure Statement. I have received: (1) a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct and amend any information gathered about me which relates to this application; and (2) Disclosures Regarding Insurance Information Practices, including the MIB, Inc. Pre-Notice.

Based on the manner the application was taken, I have either read each section of the application, or it has been read to me. I have been given the opportunity to have any and all sections repeated and corrections made if necessary. I represent that each and every statement and answer in this application is true and complete to the best of my knowledge and belief.

Taxpayer ID Certification: The Internal Revenue Service does not require your consent to any provision of this application other than the certifications required to avoid backup withholding.

State Disclosures

Alabama, Delaware, Montana, Nevada: WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Arkansas, District of Columbia: WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

New Jersey: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (Complies with the HIPAA Privacy Rule): The undersigned, individually, hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, other health-care provider, MIB, Inc. consumer reporting agency, my employer, or other companies or institutions that has provided payment, treatment or services, or who has information about me, to disclose to Western-Southern Life Assurance Company or their authorized representatives any information from health care or medical records. This includes information relating to diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment relative to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes; investigative consumer reports, other insurance coverage and details of employment.

The signature(s) below acknowledge that any agreements made to restrict my/our health information do not apply to this authorization and instruct any physician, medical practitioner, other health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health-care provider to release and disclose my/our health information without restriction. This authorization for disclosure of information is effective for 30 months following the date of signature(s) below. A copy of this authorization is as valid as the original.

The purpose for this disclosure is for Western-Southern Life Assurance Company to; (1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; (2) obtain reinsurance; (3) administer claims and determine full responsibility for coverage and provision of benefits; (4) administer coverage; and (5) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with Western-Southern Life Assurance Company.

I, the Proposed Insured or Legal Representative, understand that: a) I have the right to obtain a copy of and revoke this authorization at any time by notifying Western-Southern Life Assurance Company (hereafter, 'the Company') in writing at 400 Broadway, Cincinnati, Ohio, 45202 Attention: Privacy Officer; b) the revocation is only effective after it is received by the Company; c) any use or disclosure prior to the revocation will not be affected by a revocation d) a revocation is not effective to the extent that the Company has a legal right to contest a claim under a policy or to contest the policy itself; e) after health information is disclosed, federal law might not protect it, and the recipient might redisclose it; f) health care and payment for health care will not be affected by refusal to sign this authorization; g) on refusal to sign this authorization, the Company may not be able to process an application, or if coverage has been issued, may not be able to make any benefit determinations or payments.

Upon penalties of perjury, I, the undersigned applicant, certify that (1) the social security number shown on this form is my correct Taxpayer Identification Number and (2) I ☐ am/☐ am not currently subject to backup withholding as a result of Internal Revenue Service notification.

A faxed or electronically transmitted signed document to Western-Southern Life Assurance Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at _____ Date _____
(City and State)

X _____
Signature of Proposed Insured Signature of Owner (if other than Proposed Insured)

LICENSED REPRESENTATIVE/AGENT INFORMATION

By signing below, the Licensed Representative/Agent certifies that:

- a) The questions contained in this application were asked of the Proposed Insured, and the answers duly recorded; that this application is complete and true to the best of my knowledge and belief; and
- b) I am state licensed for life insurance products where this application is written; and
- c) To the best of my knowledge, a replacement ☐ is/☐ is not involved in this transaction; and
- d) Only Company approved sales material has been used and copies of all sales material, if any, were given to the applicant.

Licensed Representative/Agent Signature/Date	Representative/Agent License #	Representative/Agent #
X		
Printed Name of Licensed Representative/Agent	Bank Code	Business Phone #

OVERFLOW PAGE

Part 5 Continued: Additional Beneficiary Information

Part 6 Continued: Additional Information on Proposed Insured

<i>SERFF Tracking Number:</i>	<i>WSST-126717260</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Western-Southern Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>46229</i>
<i>Company Tracking Number:</i>	<i>1010-3030 WSA</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.311 Current Assumption - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>WSLAC/Legacy Forward/1010-3030 WSA/NDL</i>		
<i>Project Name/Number:</i>	<i>WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachments:		
AR Cert of Compliance.pdf		
ReadingEaseCert.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:	No previously approved application will be used. The application to be used (DO-11-SPWL-1010) has been submitted for approval in this filing.	

	Item Status:	Status Date:
Satisfied - Item:	Statements of Variability	
Comments:		
Attachments:		
1010-3030 WSA SOV.pdf		
Statement of Variability 1010-2622 WSA.pdf		
Statement of Variability 1010-305 WSA.pdf		
DO-11-SPWL-1010 STATEMENT OF VARIABILITY.pdf		
1088-IFS-SPWL-1010.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Application - John Doe'd & Scripted for SOV	
Comments:		
Attachment:		

SERFF Tracking Number: WSST-126717260 State: Arkansas
Filing Company: Western-Southern Life Assurance Company State Tracking Number: 46229
Company Tracking Number: 1010-3030 WSA
TOI: L071 Individual Life - Whole Sub-TOI: L071.311 Current Assumption - Single Premium -
Single Life
Product Name: WSLAC/Legacy Forward/1010-3030 WSA/NDL
Project Name/Number: WSLAC/Legacy Forward/1010-3030 WSA/NDL /1010-3030 WSA
DO-11-SPWL-1010-bracketed_John Doe'd_Scripted.pdf

Item Status:

Status

Date:

Satisfied - Item: Accelerated Death Benefit
Disclosure & Notice

Comments:

Attachments:

1144-IFS-SPWL-1010.pdf

1434-WSA-NET-LOAN-1007.pdf


**Certificate of Compliance with
Arkansas Rule and Regulation 19 & 49**

Insurer: Western-Southern Life Assurance Company

Form Number(s):

1010-3030 WSA AR	Single Premium Interest Sensitive Whole Life Policy
1010-2622 WSA	Accelerated Death Benefit Rider
1010-305 WSA	Return of Premium Rider
1088-IFS-SPWL-1010	Notification of Acceptance and Temporary Insurance Agreement
DO-11-SPWL-1010	Application for Individual Single Premium Life Insurance

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and 49.



Signature of Company Officer

Michael Moser

Name

Vice President & Chief Compliance officer

Title

07/16/2010

Date

STATE OF ARKANSAS

READING EASE CERTIFICATION

RE:

1010-3030 WSA AR Single Premium Interest Sensitive Whole Life Policy
1010-2622 WSA Accelerated Death Benefit Rider
1010-305 WSA Return of Premium Rider
1088-IFS-SPWL-1010 Notification of Acceptance and Temporary Insurance Agreement
DO-11-SPWL-1010 Application for Individual Single Premium Life Insurance

This is to certify that the attached policy form(s) has (have) achieved a Flesch Reading Ease Score as follows:

Form Number	Readability Score
1010-3030 WSA AR	50
1010-2622 WSA	50
1010-305 WSA	52
1088-IFS-SPWL-1010	57
DO-11-SPWL-1010	50

and comply(ies) with the requirements of Ark. Stat. Ann. sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Western-Southern Life Assurance Company



Nikki Lape
Product and State Filing Analyst

Date: 07/16/2010

Western-Southern Life Assurance Company

Statement of Variability

Form 1010-3030 WSA - Single Premium Interest Sensitive Whole Life Policy

This document defines the range of variation of bracketed items found in the Policy and Specifications Page (SP-1 through SP-6). There are two types of variations: (1) those items that are Owner/Insured specific; and (2) those that are not Owner/Insured specific. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Owner/Insured Specific Variables

The filed specimen policy form includes hypothetical information within the brackets shown on the Specifications page. In an issued contract, these fields will reflect information specific to the Owner / Insured.

The Specifications Page may contain an identifier such as an effective date or version number in the bottom right hand corner. This identifier can be used at the Company's discretion to reflect changes made as outlined in this Statement of Variability.

Information Shown on Specifications Page SP-1:

Owner:	Owner's name
Insured:	Insured's name
Insured's Age:	Insured's age
Sex:	Insured's sex
Face Amount:	The owner may choose a specific Face Amount, or more likely the Single Premium Amount paid by the Owner will determine the Face Amount.
Single Premium Amount:	Single Premium paid or payable by the Owner
Risk Class:	Insured's classification (Standard Tobacco User or Standard Non-Tobacco User)

Variables that are not Owner/Insured Specific

The variables bracketed on the Specifications Page and described in the policy contain current restrictions set by the Company upon development of the policy and riders. Any changes to these variables will be made in a nondiscriminatory fashion. If any of these variables change from the amount as filed, they will be changed for all new issues, such that there will be only one plan available in the market at any one time.

These items are being filed as variable so that we can adjust them if dictated by market conditions, evidence of anti-selection, or experience that is markedly different from pricing assumptions, etc. Changes made will remain within the ranges specified below. Changes made outside the specified ranges will be filed for approval.

Information Shown on Policy Cover and Back Page:

Company Logo:	The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.
Officer's Signatures:	Will change if the relevant individuals or titles should change in the future.
Administrative Address:	Will change if our administrative address changes.
Website Address:	Will change if our website address changes.
Customer Service Phone Number:	Will change if our customer service phone number changes.

Variables that are not Owner/Insured Specific (cont'd)

Information Shown on Specifications Page SP-1:

Policy Date:	Based on the date underwriting is completed, except may be an earlier date under limited backdating rules.
Policy Number:	Assigned sequentially. Also, blocks of policy numbers may be reserved to designate certain features, such as whether a paper or electronic application was used.
Premium Expense Charge:	For the specimen policy, this charge ranges from 5.50% - 14.00% depending on Age, Sex and Risk Class. Maximum range of variation is 0.00% - 20.00%.
Maximum Monthly Per Policy Charge:	For the specimen policy, this charge is \$10.00. Maximum range of variation is \$0.00 to \$20.00.
Maximum Annual Per \$1,000 Charge:	The Maximum Annual Per \$1,000 Charge is the Maximum Annual Per \$1,000 Rate, multiplied by the number of 1000s of initial face amount. For the specimen policy, the rate ranges from \$1.68 - \$13.20 depending on the Issue Age, Sex and Risk Class. The Maximum range of variation for the Rate is \$0.00 - \$28.80.
Guaranteed Minimum Interest Rate:	Maximum range of variation is 1.00% - 6.00%.
Maximum Loan Interest Rate:	Maximum range of variation is 3.00% - 8.00%.
Initial Effective Annual Interest Rate:	For the specimen policy, this rate is 4.25%, but will vary based on new-money interest rates appropriate when a policy is issued. Maximum range of variation is 3.00% to 20.00%
Initial Guarantee Period:	For the specimen policy, the period begins on the policy date and ends one year hence. The Initial Guarantee Period will always begin on the policy date, but the ending date could vary by as much as seven years.
Minimum Partial Surrender Amount:	Maximum range of variation is \$100 - \$1,000.
Minimum Net Cash Value After Partial Surrender:	Maximum range of variation is \$1,000 - \$10,000.
Maturity Age:	Maximum range of variation is 100-120.
Maximum Illustration Fee:	For the specimen policy, this charge is \$75.00. Maximum range of variation is \$0.00 to \$150.00.
Basis of Values Mortality Table:	Any table permitted by the Standard Nonforfeiture Law (SNFL) in the computation of minimum cash values for contracts issued on the Policy Date.
Basis of Values Interest Rate:	Will never exceed 125% of the Standard Valuation Law (SVL) maximum valuation interest rate for policies issued on the Policy Date. The Company may also exercise the option provided in the SNFL to use the nonforfeiture interest rate for policies issued in the preceding calendar year.

**Surrender
Charge:**

A percentage applied to the Single Premium Amount, which is adjusted appropriately for any previous partial surrenders. The surrender charge percentage in the specimen policy equals 8% declining to 0% over 8 years, independent of Age, Sex or Risk Class. The maximum range of variation is 10% declining to 0% over 5-15 years.

**State Insurance
Department
Contact:**

We may change a State Insurance Department's telephone number should it change in the future. The telephone number will always be for the state of issue.

Variables that are not Owner/Insured Specific (cont'd)

Information Shown on Specifications Page SP-2:

Maximum Advance Age:	Varies by Policy Form to which this rider is attached and is based on the maturity age. The maturity age for this specimen contract is 100 with an automatic maturity extension. For this product, an advance can be taken after age 100 as long as there is sufficient death benefit to make the advance.
Maximum Advance Amount:	<p>A description of the maximum amount of the death benefit advanced if the Insured meets the definition of Terminal Illness according to the Rider terms.</p> <p>i: - Maximum Range of Variation: \$25,000 to \$500,000</p> <p>ii: - Maximum Range of Variation: 10.00% to 80.00%</p>
Minimum Advance Amount:	The minimum amount that can be advanced under the terms of the Rider. Maximum range of variation: \$1,000 to \$10,000
Maximum Administrative Charge:	Maximum range of variation: \$50 to \$300
Lien Interest Rate:	The interest rate charged on the lien used to advance the death benefit. Maximum range of variation: 2.00% to 8.00%

Information Shown on Specifications Page SP-3:

Maximum Cost of Insurance Rates:	The rates in the specimen policy are equal to 100% of the male nonsmoker 2001 CSO ALB ultimate table (monthly basis). The actual rates will match the sex and tobacco class of the insured. The maximum range of variation is 100% to 300% of the Basis of Values Mortality Table (monthly basis). The actual percentage will depend on several factors such as the extent to which simplified underwriting is used, and the maximum table rating permitted in the standard class.
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Information Shown on Specifications Page SP-4:

Table of Values:	Reflects actual guaranteed minimum values based upon the premium paid, and the applicable interest rates, Age, Sex and Risk Class. It also reflects the impact of the Return of Premium rider, which is expected to be attached to all issued policies.
Reference to Return of Premium Rider:	May be deleted should the Company decide to no longer offer the benefit as an automatic rider.

Information Shown on Specifications Page SP-5:

Net Single Premium Factors: Factors used by the Federal Cash Value Accumulation Test defined in IRC Section 7702 (b) (1) & (2). The factors depend on Sex and Risk Class, plus (i) interest at the greater of 4% or the Minimum Guaranteed Interest Rate, (ii) reasonable mortality charges not to exceed the prevailing commissioner's standard tables, and (iii) a maturity age between age 95 and 100. For the specimen policy, these items are set to 4%, the 2001 CSO ALB and maturity age 100, respectively. Note the federal government has not issued any guidance permitting maturity ages beyond 100 although they are well aware that the 2001 CSO extends to age 121. As a result, the Society of Actuaries - Taxation Section - Maturity Age Task Force recommends that 2001 CSO contracts be assumed to mature at age 100 for definition of life insurance purposes. The Net Single Premium Factors will change whenever necessary to remain compliant with federal regulations and any interpretative opinions.

Information Shown on Specifications Page SP-6:

Minimum Amount That May Be Applied to Income Option: Maximum range of variation is \$1,000 - \$10,000.

Minimum Payment Amount: Maximum range of variation is \$50 - \$500.

Minimum Income Option Interest Rate: Maximum range of variation is 1% - 5%.

Income Option Mortality Table: Acceptable Mortality Tables are based on appropriate industry tables published by the Society of Actuaries or the National Association of Insurance Commissioners, adjusted by such means as projection scales, age setbacks or other methods.

Income Options: We may offer Income Options different from, or in addition to, the *Payments for Life – 10 Year Guarantee Period* shown in the specimen policy. Also, the actual Monthly Payments for each \$1,000 Applied appearing in the Minimum Income Table(s) will vary depending upon the type of option as well as the Minimum Income Option Interest Rate and the Income Option Mortality Table. Potential alternative options include Payments for Life – with other than 10 year Guarantee Periods, Life Annuity – No Guaranteed Period, Joint and Survivor Life Income (with or without a guarantee period); Payments for a Fixed Period, Funds Left on Deposit, or any other future option developed by the Company.

Adjustment to Age: Example: We may change the example to any reasonable set of circumstances that will assist the policyowner in understanding how the adjustment is computed.

Year Life Income Payment Plan Begins: The date range in the specimen policy consists of 6-year groups encompassing calendar years 2012 thru 2048 and later. The group sizes could be expanded or contracted and the specific years could begin as early as 2010 and end as late as 2099.

Age Setback: Maximum range of variation is 0 – 15 years.

Statement of Variability

Form: 1010-2622 WSA

This document defines the range of variation for items identified by brackets and found on the rider form. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

**Officer's
Signatures**

Will change if the relevant individuals or titles should change in the future.

Statement of Variability

Form: 1010-305 WSA

This document defines the range of variation for the item identified by brackets and found on the rider form. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

**Officer's
Signatures**

Will change if the relevant individuals or titles should change in the future.



APPLICATION FOR INDIVIDUAL SINGLE PREMIUM LIFE INSURANCE

DO-11-SPWL-1010

STATEMENT OF VARIABILITY

This document defines the range of variation for items identified by red brackets and found on Application Form DO-11-SPWL-1010. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

We certify that any change or modification to a variable item shall be administered in accordance with the requirements in this Statement of Variability, including any requirements for prior approval of a change or modification.-

1. **Company Logo:**
Description of Variability: We reserve the right to change our company logo if such an item should change in the future. The flexibility to change our logo does not include the Company name. We understand that if our Company name changes for any reason we must notify the Department accordingly. The formatting and font size may also change over time according to our printer standards.
2. **Administrative Addresses:**
Description of Variability: We reserve the right to change our administrative address if it should change in the future.
3. **Administrative Practices:**
Description of Variability: We reserve the right to change our administrative practices from time to time consistent with our current practices.
4. **State or Country of Birth Question:**
Found in sections 1, 7 and 8.
Description of Variability: To allow for flexibility in the information collected, and to make changes that comply with applicable regulatory requirements. This question may be modified or deleted to comply with applicable anti-money laundering (AML) requirements.
5. **Optional Riders:**
Description of Variability: Allows the Company to delete the optional rider line or add any optional riders upon the rider's approval by the Department. There are currently no optional riders available with the policy using this application.
6. **Source of Funds:**
Description of Variability: Allows the Company to change, add or delete information needed to process the premium received.
7. **Last Updated Date:**
Description of Variability: The date in the bottom right hand corner of page one contains the effective date. When certain items change as reflected in this Statement of Variability, the effective date is used to identify the most recent version of the application.
8. **Page Numbers:**
Description of Variability: Page numbers are included in the bottom right hand corner and may be changed or deleted due to formatting.

9. **State Disclosures:**
Description of Variability: To allow for changes in required wording because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
10. **Licensed Representative/Agent Information:**
The Licensed Representative/Agent Information section requests certification from the representative as well as identification information, such as: name, address, license number, etc. This information is currently needed in order to process the Application and pay commission.
Description of Variability: Information and select certification statements contained in this part may change over time, and we will update this section accordingly to meet our administrative needs.
11. **Overflow Page:**
Description of Variability: We reserve the right to change or delete the overflow page (and all references to it) to be consistent with our current practices.

Statement of Variability

Form: 1088-IFS-SPWL-1010

This document defines the range of variation for the item identified by brackets and found on the Notification of Acceptance and Temporary Insurance Agreement form. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

**Company
Logo:**

The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.

**Officer's
Signatures**

Will change if the relevant individuals or titles should change in the future.

6. INFORMATION ON PROPOSED INSURED. Please check "Yes" or "No" to the Following Questions.		Yes	No
A.	Are you a US citizen or permanent US resident who holds a permanent visa?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B.	Within the past 5 years, have you been treated, examined or advised by a member of the medical profession; or have you been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS Virus)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Give details for Yes answer:		
C.	Within the past 10 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any of the following: heart or coronary artery disease or disorder, stroke, peripheral vascular disease, cancer, hepatitis C, diabetes which is treated with insulin, disorder of the brain or nervous system, Parkinson's disease, Alzheimer's disease, leukemia, lymphoma, cirrhosis, pancreas disease or disorder, emphysema, chronic lung or pulmonary disease (COLD or COPD), or any disorder or disease of the immune system except those related to the Human Immunodeficiency Virus (AIDS virus)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Give details for Yes answer:		
D.	Within the past 5 years, have you been hospitalized for the following: chest pain, high blood pressure, asthma, depression, manic-depression, other mental or nervous system disorder, rheumatoid arthritis or other connective tissue disease, paralysis, seizure, anemia, blood disorder, diabetes or complications from diabetes, or kidney or liver disease or disorder (excluding kidney stones)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Give details for Yes answer:		
E.	Have you ever tested positive for exposure to the HIV (Human Immunodeficiency Virus) or been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F.	Have you ever used illegal drugs, consulted or been treated by a member of the medical profession, been hospitalized or taken medication for abuse of alcohol or drugs (including prescription drugs)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Give details for Yes answer:		
G.	In the past twelve months, have you used any nicotine or tobacco products or any product that contains nicotine such as a patch or gum?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Continuation of Application On John E. Doe

7. OWNER (If Other Than Proposed Insured)

Name (First, Middle, Last)	Date of Birth/Trust
Address	Social Security Number/TIN
City, State, Zip	State/Country of Birth
Relationship to Proposed Insured	

8. Successor Owner (Optional – Becomes Owner upon the death of Owner named in section 7)

Name (First, Middle, Last)	Date of Birth/Trust
Address	Social Security Number/TIN
City, State, Zip	State/Country of Birth
Relationship to Proposed Insured	

9. Agreement and Acknowledgement

I agree that: **A.** These statements and answers and those in all supplements, amendments and medical examiner's reports will form the basis of any policy issued. **B.** No medical examiner, producer or other representative of the insurer has the power to make or modify any contract of insurance or bind the insurer in any way. **C.** No statement made by me or by the Insurer's agent or anyone else will bind the Insurer unless stated in this application. **D.** Except as provided in any Temporary Insurance Agreement, no insurance will take effect: (1) before this application is approved; and (2) before a policy is delivered and the single premium paid while each person to be insured is alive and then only if the health and other conditions affecting insurability remain as described in this application. **E.** I have read and understand the Accelerated Death Benefit Disclosure Statement. I have received: (1) a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct and amend any information gathered about me which relates to this application; and (2) Disclosures Regarding Insurance Information Practices, including the MIB, Inc. Pre-Notice.

Based on the manner the application was taken, I have either read each section of the application, or it has been read to me. I have been given the opportunity to have any and all sections repeated and corrections made if necessary. I represent that each and every statement and answer in this application is true and complete to the best of my knowledge and belief.

Taxpayer ID Certification: The Internal Revenue Service does not require your consent to any provision of this application other than the certifications required to avoid backup withholding.

State Disclosures

Alabama, Delaware, Montana, Nevada: WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Arkansas, District of Columbia: WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

New Jersey: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

3.

Continuation of Application On John E. Doe

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (Complies with the HIPAA Privacy Rule): The undersigned, individually, hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, other health-care provider, MIB, Inc. consumer reporting agency, my employer, or other companies or institutions that has provided payment, treatment or services, or who has information about me, to disclose to Western-Southern Life Assurance Company or their authorized representatives any information from health care or medical records. This includes information relating to diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment relative to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes; investigative consumer reports, other insurance coverage and details of employment.

The signature(s) below acknowledge that any agreements made to restrict my/our health information do not apply to this authorization and instruct any physician, medical practitioner, other health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health-care provider to release and disclose my/our health information without restriction. This authorization for disclosure of information is effective for 30 months following the date of signature(s) below. A copy of this authorization is as valid as the original.

The purpose for this disclosure is for Western-Southern Life Assurance Company to; (1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; (2) obtain reinsurance; (3) administer claims and determine full responsibility for coverage and provision of benefits; (4) administer coverage; and (5) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with Western-Southern Life Assurance Company.

2.

I, the Proposed Insured or Legal Representative, understand that: a) I have the right to obtain a copy of and revoke this authorization at any time by notifying Western-Southern Life Assurance Company (hereafter, 'the Company') in writing at 400 Broadway, Cincinnati, Ohio, 45202 Attention: Privacy Officer; b) the revocation is only effective after it is received by the Company; c) any use or disclosure prior to the revocation will not be affected by a revocation d) a revocation is not effective to the extent that the Company has a legal right to contest a claim under a policy or to contest the policy itself; e) after health information is disclosed, federal law might not protect it, and the recipient might redisclose it; f) health care and payment for health care will not be affected by refusal to sign this authorization; g) on refusal to sign this authorization, the Company may not be able to process an application, or if coverage has been issued, may not be able to make any benefit determinations or payments.

Upon penalties of perjury, I, the undersigned applicant, certify that (1) the social security number shown on this form is my correct Taxpayer Identification Number and (2) I ☐ am/☒ am not currently subject to backup withholding as a result of Internal Revenue Service notification.

A faxed or electronically transmitted signed document to Western-Southern Life Assurance Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at _____ Date _____
(City and State)
Anytown, ST 07/16/2010

X _____
Signature of Proposed Insured **Signature of Owner** (if other than Proposed Insured)
John E. Doe /s/

LICENSED REPRESENTATIVE/AGENT INFORMATION

By signing below, the Licensed Representative/Agent certifies that:

10.

- a) The questions contained in this application were asked of the Proposed Insured, and the answers duly recorded; that this application is complete and true to the best of my knowledge and belief; and
b) I am state licensed for life insurance products where this application is written; and
c) To the best of my knowledge, a replacement ☐ is/☒ is not involved in this transaction; and
d) Only Company approved sales material has been used and copies of all sales material, if any, were given to the applicant.

10.

Licensed Representative/Agent Signature/Date	Representative/Agent License #	Representative/Agent #
X Ima Agent /s/	987654321	1111
Printed Name of Licensed Representative/Agent	Bank Code	Business Phone #
Ima Agent	1111-1	555-555-5555

OVERFLOW PAGE

11.

Part 5 Continued: Additional Beneficiary Information

Part 6 Continued: Additional Information on Proposed Insured

- A. Accelerating Conditions:** Terminal illness reducing the life expectancy of the insured to one year or less, which was first diagnosed while the Insured was covered by the policy.
- B. Method of Payment:** Accelerated payment of the Death Benefit (advances) will be in the form of a special loan secured by a first lien on the Death Benefit under the policy. The lien is equal to the amount of any advances taken plus any interest due. For the portion of the lien that is less than or equal to the Net Cash value of the policy, the lien interest rate will be the lesser of:
- (1) the loan interest rate then in effect under the policy; or
 - (2) 8% (7.4% in advance).
- The lien interest rate on the amount of the lien in excess of the Net Cash Value will be the rate in (1) above.
- C. Frequency of Payment:** Advances may be made as frequently as monthly, but all advances must be made within 12 months of the first advance.
- D. Maximum Advance:** The cumulative maximum advance is equal to the policy's Net Cash Value plus the lesser of (1) \$250,000 or (2) 60% of the Net Amount at Risk as defined in the policy.
- E. Minimum Advance:** The minimum advance is \$1,000. The rider does not provide a benefit if the Maximum Advance Amount is less than the Minimum Payment Amount.
- F. Premium for Accelerated Benefit:** There is no additional charge for this benefit.
- G. Administrative Charge:** In addition to the special loan interest, we reserve the right to assess an administrative charge of not more than \$75.00 to process a claim.
- H. After an advance has been made under your policy, a lien will be placed against the policy's death benefit equal to the amount of the advance paid plus any interest due plus any additional premium needed to keep the policy in force. Termination of the policy ends the accelerated death benefit rider.**
- I. Limitations on the Accelerated Benefit:** The benefit will be made to you on a voluntary basis only. If you are required by law to elect this benefit to meet the claims of creditors, you are not eligible for this benefit. If you are required by a government agency to elect this benefit in order to apply for, obtain, or keep a government benefit or entitlement (such as Medicaid), you are not eligible for this benefit.
- J. Benefit Payment Notice:** Upon payment of a benefit under this rider we will send you a notice showing the amount of the payment and the effect of the payment on the death benefit.
- K. RECEIPT OF ACCELERATED BENEFIT PAYMENTS MAY BE TAXABLE. YOU SHOULD CONTACT YOUR PERSONAL TAX ADVISOR FOR SPECIFIC ADVICE. NEITHER WESTERN-SOUTHERN LIFE NOR ITS AGENTS CAN PROVIDE TAX ADVICE.**



Western & Southern Life

A member of Western & Southern Financial Group

Accelerated Death Benefit Payment Notice

PAYMENT NOTICE AS OF _____

Name of Insured: _____

Policy number: _____

Your request for an advance against your death benefit in the amount of \$ _____ results in the following changes to your policy:

Accelerated Death Benefit loan	\$ _____ *
Death benefit prior to payment	\$ _____
Death benefit after payment	\$ _____ **
Net cash value prior to payment	\$ _____
Net cash value after payment	\$ _____
Policy loans prior to payment (including Accelerated Death Benefit loan)	\$ _____
Policy loans after payment (including Accelerated Death Benefit loan)	\$ _____
Cost of insurance charge prior to payment	\$ _____
Cost of insurance charge after payment	\$ _____

* Loan interest is due and payable in advance and, if not paid when due, is added to the Accelerated Death Benefit loan amount.

** Your death benefit will be decreased by the Accelerated Death Benefit loan amount.

Receipt of accelerated benefit payments may adversely affect your eligibility for medicaid or other government benefits or entitlements.

Receipt of accelerated benefit payments may be taxable. You should contact your personal tax advisor for specific advice. Neither Western & Southern nor its agents can provide tax advice.